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Technology Center 2600

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/909,490

Applicant: Tamir Tassa

Filed: July 19, 2001

Art Unit: 2613

Examiner: Le, Vu

Docket No.: 5079P013

Confirmation No.: 2330

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on October 18, 2004
Date of Deposit

Carrie Boccaccini
Name of Person Mailing Correspondence

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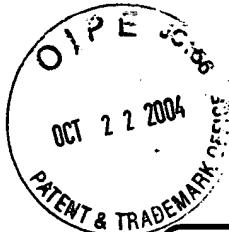
AMENDMENT AND RESPONSE

Sir:

In response to the Office Action of July 19, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Argument begin on page 9.



2613
41

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/909,490
Filing Date	July 19, 2000
First Named Inventor	Tamir Tassa
Art Unit	2613
Examiner Name	Le, Vu Technology Center 2600
Total Number of Pages in This Submission	13
Attorney Docket Number	5079P013

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ENCLOSURES (check all that apply)

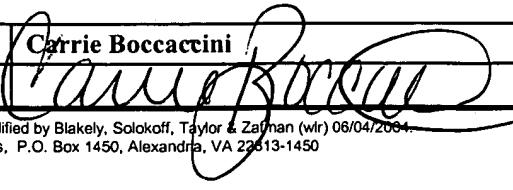
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/>
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

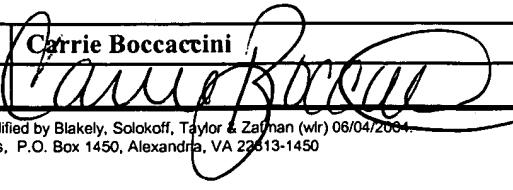
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Elena B. Dreszer, Reg. No. 55,128 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	10-18-04

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